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CONFIRMATION NO. 6041

Bib Data Sheet

SERIAL NUMBER 10/659,684	FILING OR 371(c) DATE 09/10/2003 RULE	CLASS 530	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 99-16C1
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** CONTINUING DATA *****

This application is a CON of 10/295,723 11/15/2002 PAT 6,686,178
 which is a DIV of 09/923,246 08/03/2001 PAT 6,605,272
 which is a DIV of 09/522,217 03/09/2000 PAT 6,307,024
 which claims benefit of 60/123,547 03/09/1999
 and claims benefit of 60/123,904 03/11/1999
 and claims benefit of 60/142,013 07/01/1999

cc
9-26-08

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 01/31/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 24
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

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TITLE

CYTOKINE ZALPHA11 LIGAND

FILING FEE RECEIVED 1683	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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